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PTC/SB/05 (4/98)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY **PATENT APPLICATION** TRANSMITTAL

Attorney Docket No. FREI.P-049 First Inventor or Application Identifier **GIOTTA** SCALEABLE MESSAGE SYSTEM Title

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Express Mail Label No. EL556131632US

| | PPLICATION ELEMENTS apter 600 concerning utility patent application contents. | Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231 | | | | | | |
|--|---|---|--|--|--|--|--|--|
| 7 0 | ee Transmittal Form (e.g., PTO/SB/17) ubmit an original and a duplicate for fee processing) | Microfiche Computer Program (Appendix) | | | | | | |
| 2. 🚺 Sp | ecification [Total Pages 60] | Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) | | | | | | |
| | eferred arrangement set forth below) Descriptive title of the Invention | a. Computer Readable Copy | | | | | | |
| | ross References to Related Applications | b. Paper Copy (identical to computer copy) | | | | | | |
| - S | tatement Regarding Fed sponsored R & D | , ,,,, | | | | | | |
| | Reference to Microfiche Appendix | c. Statement verifying identity of above copies | | | | | | |
| | ackground of the Invention | ACCOMPANYING APPLICATION PARTS | | | | | | |
| | rief Summary of the Invention rief Description of the Drawings (if filed) | 7. Assignment Papers (cover sheet & document(s)) | | | | | | |
| | detailed Description | 8. 37 C.F.R.§3.73(b) Statement Power of Attorney | | | | | | |
| - C | Claim(s) | 9. English Translation Document (if applicable) | | | | | | |
| | bstract of the Disclosure | Information Disclosure Copies of IDS | | | | | | |
| 3. Dra | awing(s) (35 U.S.C. 113) [Total Sheets 2] | 10. Statement (IDS)/PTO-1449 Citations | | | | | | |
| 4. Oath or E | Declaration [Total Pages] | 11. Preliminary Amendment | | | | | | |
| а | Newly executed (original or copy) | 12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) | | | | | | |
| b. | Copy from a prior application (37 C.F.R. § 1.63 | (d)) * Small Entity | | | | | | |
| 4 | (for continuation/divisional with Box 16 completed) DELETION OF INVENTOR(S) | 13. Statement(s) Statement illed in prior application, | | | | | | |
| | i. Signed statement attached deleting | (PTO/SB/09-12) Otatus sun proper and desired (PTO/SB/09-12) Otatus sun proper and desired (PTO/SB/09-12) Otatus sun proper and desired | | | | | | |
| | inventor(s) named in the prior application see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). | | | | | | | |
| * NOTE FOR I | SEE ST C.F.R. 99 1.05(d)(2) and 1.55(d). TEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTIT | 113. Outer | | | | | | |
| FEES, A SMA | LL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT D IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). | | | | | | | |
| | | supply the requisite information below and in a preliminary amendment: | | | | | | |
| | ontinuation Divisional Continuation-in-part (| | | | | | | |
| | plication information: Examiner | Group / Art Unit: | | | | | | |
| under Box 4b |), is considered a part of the disclosure of the accompan | of the prior application, from which an oath or declaration is supplied hying continuation or divisional application and is hereby incorporated by | | | | | | |
| reference. Th | ne incorporation <u>can only</u> be relied upon when a portion | has been inadvertently omitted from the submitted application parts. | | | | | | |
| | 17. CORRESPONDI | ENCE ADDRESS | | | | | | |
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| Country | Telephone | 970-468-6600 Fax 970-468-0104 | | | | | | |
| Name (Print/Type) MARINA T. LARSON, PH.D. Registration No. (Attorney/Agent) 32,038 | | | | | | | | |
| Signature Marina I Lara Date 12/27/00 | | | | | | | | |

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PTO/SB/17 (2/98)
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| Small Entity payments <u>must</u> be supported by a small entity statement otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28. | | | | |
|--|-------------------|---|----------|--|
| TOTAL | AMOUNT OF PAYMENT | (\$) | | |
| M | ETHOD OF PAYMENT | (check one) | | |
| 1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: | | | | |
| Deposit Account Number | 15-0610 | | | |
| Deposit Account Name | | | 12 | |
| | | e the Issue Fee Set in F.R. § 1.18 at the Mailing | 13 14 | |

Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997.

| Complete if Known | | | | |
|----------------------|------------|--|--|--|
| Application Number | TBA | | | |
| Filing Date | 12/27/2000 | | | |
| First Named Inventor | Giotta | | | |
| Examiner Name | | | | |
| Group / Art Unit | | | | |
| Attorney Docket No. | FREI.P-049 | | | |

| METHOD OF PAYMENT (Check one) | PEL CALCULA | ATION (continued) |
|---|--|--|
| 1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit | ADDITIONAL FEES arge Entity Small Entity ree Fee Fee Fee Code (\$) Code (\$) | Description Fee Paid |
| Account 15-0610 | 05 130 205 65 Surcharge - late | e filing fee or oath |
| Number Deposit Account | 27 50 227 25 Surcharge - late cover sheet. | e provisional filing fee or |
| Name Charge the Issue Fee Set in | 39 130 139 130 Non-English sp | ecification |
| Fee Required Under 37 C.F.R. § 1.18 at the Mailing | | est for reexamination |
| 37 C.F.R. §§ 1.16 and 1.17 of the Notice of Allowance | 11 2,020 117 2,020 | dication of SIR prior to |
| 2 Payment Enclosed: | 112 920* 112 920* Requesting pub Examiner action | |
| 2. Payment Enclosed: Check Money Other | 13 1,840* 113 1,840* Requesting pub Examiner action | lication of SIR after |
| FEE CALCULATION | 15 110 215 55 Extension for re | ply within first month |
| | 116 400 216 200 Extension for re | eply within second month |
| 1. BASIC FILING FEE | 17 950 217 475 Extension for re | eply within third month |
| Large Entity Small Entity | 118 1,510 218 755 Extension for re | ply within fourth month |
| Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) | 128 2,060 228 1,030 Extension for re | ply within fifth month |
| 101 790 201 395 Utility filing fee 355.00 | 119 310 219 155 Notice of Appea | al |
| 106 330 206 165 Design filing fee | | support of an appeal |
| 107 540 207 270 Plant filing fee | 21 270 221 135 Request for ora | l hearing |
| 108 790 208 395 Reissue filing fee | 138 1,510 138 1,510 Petition to instit | ute a public use proceeding |
| 114 150 214 75 Provisional filing fee | 140 110 240 55 Petition to reviv | e - unavoidable |
| SUBTOTAL (1) (\$) 355.00 | | e - unintentional |
| 2. EXTRA CLAIM FEES | 142 1,320 242 660 Utility Issue fee | (or reissue) |
| Fee from Extra Claims below Fee Paid | 143 450 243 225 Design issue fe | e |
| Total Claims 20 -20** = 0 X | 144 670 244 335 Plant issue fee | |
| Independent 5 - 3** = 2 X 40.00 = 80.00 | 22 130 122 130 Petitions to the | Commissioner |
| Multiple Dependent = | 23 50 123 50 Petitions related | to provisional applications |
| **or number previously paid, if greater; For Reissues, see below | 126 240 126 240 Submission of I | nformation Disclosure Stmt |
| Large Entity Small Entity Fee Fee Fee Fee Description Code (\$) Code (\$) | | patent assignment per number of properties) |
| 103 22 203 11 Claims in excess of 20 | 146 790 246 395 Filling a submiss | sion after final rejection |
| 102 82 202 41 Independent claims in excess of 3 | (37 CFR 1.129) 49 790 249 395 For each addition | ' '' |
| 104 270 204 135 Multiple dependent claim, if not paid | examined (37 C | onal invention to be |
| 109 82 209 41 ** Reissue independent claims over original patent | her fee (specify) | ` ' ' |
| 110 22 210 11 ** Reissue claims in excess of 20 and over original patent | her fee (specify) | |
| SUBTOTAL (2) (\$) 80.00 | educed by Basic Filing Fee Paid | SUBTOTAL (3) (\$) |

| SUBMITTED BY | | | Complete (if applicable) | |
|--------------------------|-------------------------|--|----------------------------|--------|
| Typed or Printed Name | Marina T. Larson, Ph.D. | | Reg. Number | 32,038 |
| Signature | marina I daron Date | | Deposit Account User ID | |

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